

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097868289

FILED DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | 3 | | 4 | | 5 | |
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| TOTAL IND. | 2 | | 2 | | | | | | | | | | |
| TOTAL DEP. | 17 | | 28 | | | | | | | | | | |
| TOTAL CLAIMS | 19 | | 30 | | | | | | | | | | |
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| TOTAL IND. | | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS